



BAKER 3.0-002 CIP CIP CIP

PATENT

#16
3/31/01
C. Style

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of :
Gutierrez-Roca, et al. :
Application No. 09/055,818 : Group Art Unit: 1624
Filed: April 6, 1998 : Examiner: R. Raymond
For: Oral Pharmaceutical : Date: March 15, 2001
Compositions Containing Taxanes and :
Methods of Treatment Employing the :
Same :
X

Commissioner for Patents
Washington, D.C. 20231

EXTENSION PETITION

Sir:

The undersigned attorney respectfully petitions for a three-month extension of time to reset the deadline for response to the Office Action in the above-identified application from December 15, 2000 to and including March 15, 2001. Applicant's Amendment is enclosed herewith.

Please charge Deposit Account No. 12-1095 in the amount of \$890.00.

In the event the actual fee is greater than the amount above, the Patent Office is authorized to charge any deficiency to our Deposit Account No. 12-1095.

Respectfully submitted,

03/21/2001 MABDI1 00000003 121095 09055818
01 FC:117 890.00 CH

LERNER, DAVID, LITTENBERG,
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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class mail in an envelope addressed to Commissioner for Patents, Washington, D.C. 20231 on March 15, 2001.

Yufeng Liu

(Signature)
Yufeng Liu

(Typed or Printed Name of Person Signing Certificate)

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Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated as shown below.

CLAIMS AS AMENDED						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PAID FOR	NUMBER OF EXTRA CLAIMS	RATE	ADDL. FEE
TOTAL CLAIMS	* 117	MINUS **	122	= 0	x \$ 18	= \$ 0
INDEP. CLAIMS	* 3	MINUS ***	4	= 0	x \$ 80	= \$ 0
FEE FOR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM(S)					\$270 =	\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT.....						\$ 0

* If the entry in col. 2 is less than entry in col. 4 write "0" in col. 5.
** If the "highest number paid for" in this space is less than 20, write "20" in this space.
*** If the "highest number paid for" in this space is less than 3, write "3" in this space.

1. ☒ No additional fee is required.
2. ☐ Charge \$ or any additional fees or credit overpayment to Deposit
Account No. 12-1095. A duplicate copy of this sheet is enclosed.

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